

Individual Level Program Participant Form

(ILI-HE/RR, PCM and PCRS)

To be completed by provider at first session. Assure your client that their identity will remain anonymous and we use the client code to keep their participation confidential.

Contracting Agency:

Intervention Name:

The 1st & 3rd letter of first name:
The 1st & 3rd letter of last name:

⇒

Birthday (month/day/year):

⇒

____/____/____

Date Information Collected: **Age** **State of Residence** **Sex assigned at birth (fill in only one)**

____/____/____

☐ Male ☐ Female

Current Gender

Ethnicity (fill in only one)

Race

☐ Male
☐ Female
☐ Transgender- MTF
☐ Transgender- FTM

☐ Hispanic or Latino
☐ Non-Hispanic
☐ Ethnicity Unknown
☐ Refused to answer

☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Don't know

Race Expanded (if not in list above)

Incarcerated in last 90 days?

Sex Worker (sex for money last 90 days?)

☐ No ☐ Not asked
☐ Yes ☐ Refused to answer

Housing Status (type/s of living arrangements in last 90 days)

☐ Permanent Housing ☐ Institution ☐ Refused to answer ☐ Don't Know
☐ Non-permanent housing ☐ Not asked ☐ Other

Previous HIV Test (self-reported)

HIV Status: (self-reported)

If negative, date of last test: ____/____/____

☐ No
☐ Yes
☐ Not asked
☐ Refused to answer
☐ Don't know

☐ Positive-self report
☐ Negative-self report
☐ Not asked
☐ Refused to answer
☐ Don't know

If positive, date of first HIV Positive test: ____/____/____

If positive, in medical care/treatment?

☐ No ☐ Refused to answer
☐ Yes ☐ Don't know
☐ Not asked

If female, is client pregnant?

Client Risk Factors (last 90 days)

**Recent STD (treatable STD in last 90 days?)
syphilis, gonorrhea, or chlamydia**

☐ No
☐ Yes
☐ Not asked
☐ Refused to answer
☐ Don't know

☐ Injection Drug Use
☐ Sex with transgender
☐ Sex with female
☐ Sex with male
☐ No risk identified
☐ Not asked
☐ Refused to answer
☐ Other

☐ No
☐ Yes-self report
☐ Yes-laboratory confirmed
☐ Not asked
☐ Refused to answer
☐ Don't know

In prenatal care?

☐ No
☐ Yes
☐ Not asked
☐ Refused to answer

Viral Hepatitis

☐ No
☐ Yes-self report Circle type: HBV HCV
☐ Yes-laboratory confirmed Circle type: HBV HCV
☐ Not asked
☐ Refused to answer
☐ Don't know

Additional Risk Factors (If risk involves sexual activity, these are additional factors to describe risk)

☐ No additional risk info specified
☐ Sex in exchange for drugs/money/something needed
☐ Sex while high on illicit drugs
☐ Sex with an IDU
☐ Sex with HIV+ partner
☐ Sex with partner of unknown status

☐ Sex with partner who exchanges sex for drugs/money
☐ Sex with partner who is a known MSM
☐ Sex with anonymous partner
☐ Sex with partner who is hemophiliac or transfusion/transplant recipient
☐ Not asked
☐ Refused to answer